



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> PKZ-035CPA2CN2	
<b>Application Number</b> 10/629340-Conf. #6345		<b>Filed</b> July 28, 2003	
<b>For</b> METHODS OF REDUCING MICROBIAL RESISTANCE TO DRUGS			
<b>Art Unit</b> 1654		<b>Examiner</b> Louise N. Leary	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00 \$
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00 \$
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00 \$ 490.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00 \$
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080. I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 41,710			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)			
_____ Signature Jeanne M. DiGiorgio		_____ Date December 1, 2004	
_____ Typed or printed name		_____ Telephone Number (617) 227-7400	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input type="checkbox"/>	Total of 1 forms are submitted.		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV377653758US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: December 1, 2004	Signature: <u>J. DiGiorgio</u> (Jeanne M. DiGiorgio)